FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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| 1. | NAME OF COMMITTEE (in f | ull) | (Check if name is changed) | Exa over | mple: If typying, type the lines | 12FE4M5 | and the same of th |
| L | Bob Casey for | Senate Inc | <u> </u> | | | 11111 | <u> </u> |
| Ш | | 1111 | | 111 | | | |
| ΑĎ | DRESS (number and s | treet) 700 | 0 13th Street, NW | 111 | | 11111 | <u> </u> |
| × | (Check if address | Şu | ite 600 | 1 1 1 | | | 11111111 |
| | is changed) | Wa | shington | | | l bcl | 20005 _ |
| | | | | CITY | | STATE | ZIP CODE ▲ |
| СО | MMITTEE'S E-MAII | _ ADDRESS (Plea | ase provide only one e | e-mail add | ress) | | |
| | (Check if address | PL | Group@perkinsc | ole.com | | <u> </u> | <u> </u> |
| | is changed) | L | <u> </u> | 111 | 111111 | 11 1 1 1 | |
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| CO | MMITTEE'S WEB F | | • | | | | |
| | (Check if address is changed) | htt | p://www.bobcase | y.com | | | 1111111 |
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| 2. | DATE M M | ′ | 2010 Y | | | | and the second s |
| 3. | FEC IDENTIFICA | TION NUMBER | , | C coo | 431056 | | |
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| 4. | IS THIS STATEM | ENT NI | EW (N) OR | × | AMENDED (A) | | |
| _ | | | | | | | |
| l ce | rtify that I have exami | ned this Statement a | and to the best of my kno | owledge an | d belief it is true, correct a | ind complete | |
| Тур | e or Print Name of | Treasurer | Thomas Leonard | d | | | |
| | | | Shom | 4 | Kenard | | |
| Sig | nature of Treasurer | Electronically F | filed by Thomas L | eonard | | Date 1,2 | 13 / 2010 |
| NO | TE: Submission of fals | | | | ne person signing this Stat | · | • • |
| | Office Use Only | | | · | For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 02/2009) |

This committee is a principal campaign committee. (Complete the candidate information below.)

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Senate

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State

District

President

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information below.)

DEM

Robert P. Casey, Jr.

Office

Sought:

TYPE OF COMMITTEE (Check One)

Candidate Committee:

(b)

Name of

Candidate

Candidate

Party Affiliation

| FECTORIA (| (evided 02/2000) | | g | | | | | |
|---|--|----------------------------------|------------------------|--|--|--|--|--|
| Write or Type Committe | e Name | | | | | | | |
| Bob Casey for S | Senate Inc | | | | | | | |
| 6. Name of Any Conr | nected Organization, Affiliated Committee, Joint Fu | ndraising Representative, or Lea | dership PAC Sponsor | | | | | |
| Keystone Victor | / Fund | <u> </u> | <u> </u> | | | | | |
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| Mailing Address | 700 13th Street, NW | 700 13th Street, NW | | | | | | |
| | Suite 600 | | | | | | | |
| | Washington | PC L | 20005 _ [_ , _ , _ | | | | | |
| | CITY▲ | STATE ▲ | ZIP CODE | | | | | |
| Relationship: Connected Or | ganization Affiliated Committee X Jo | int Fundraising Representative | Leadership PAC Sponsor | | | | | |
| | ords: Identify by name, address, (phone number symmittee books and records. Thomas Leonard PO Box 58746 | | ne person in | | | | | |
| | Philadelphia | PA | 19102 _ | | | | | |
| Title or Position ♥ | CITY A | STATE ▲ | ZIP CODE A | | | | | |
| | | Telephone number | | | | | | |
| Treasurer: List the name and addre Full Name | Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name | | | | | | | |
| of Treasurer | Thomas Leonard | | | | | | | |
| Mailing Address | PO Box 58746 | | | | | | | |
| | Philadelphia | | 19102 | | | | | |
| Title or Position ¥ | CITY A | STATE & | ZIP CODE A | | | | | |
| т | reasurer | Tolophora avest | | | | | | |
| | | Telephone number | | | | | | |

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CD CD HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

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